

Enclosure 1

Short-Doyle/Medi-Cal Claim Payment Advice (835)		NOTES: Update CORE code Combinations for CAQH CORE 360 CARC and RARCs: As of 05/1/2018 version 3.4.2, published 11/01/2017. 04/10/2018 Update added denial code regarding rendering provider number. 05/08/2018 Update added denial code regarding PO Box, Lock Box, Lock Bin, Post Office Box. 06/05/2018 Update added denial code regarding age eligibility retraction.										
Specialty Mental Health Services												
CARC/RARC Changes												
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Denial of a Service Line for IMD services of a beneficiary not eligible due to age restrictions.												CO/6/N129
Denies the claims/service lines when PO Box, Lock Box, Lock Bin, Post Office Box or variations is populated in the Service Facility Location Address.											CO/16/N294	
Missing, incomplete, invalid rendering provider primary identifier										CO/16/N290		

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Date of Birth submitted on the 837 (Loop 2010BA Subscriber Demographic Information segment, element DMG02) is not equal to Date of Birth indicated on MEDS at time of adjudication.									CO/16/N327			
Gender submitted on the 837 (Loop 2010BA Subscriber Demographic Information segment, element DMG03) is not equal to Gender indicated on MEDS at time of adjudication.									CO/16/MA39			
ICD-10 Missing/incomplete/invalid diagnosis or condition							CO/16/M76					
ICD-10 Missing/incomplete/invalid procedure code(s)							CO/16/M51					

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Service line is submitted with a \$0 Line Item Charge Amount.		-/-/M54	-/-M54									
Therapeutic Behavioral Services valid only when beneficiary's age on Date of Service is less than or equal to 21 years.	EPSDT-only (Therapeutic Behavioral Services and Katie A) require Beneficiary Age < 21 on Date of Service	CO/6/-	CO/96/N129									
Service line is a duplicate service.		CO/18/M80	CO/97/M86									
Service line is a duplicate and a repeat service procedure modifier is not present.		CO/18/M86	CO/97/M86									
Other health coverage must be billed before the submission of this claim	Other health coverage must be billed before the submission of this claim - OHC	CO/22/-	CO/16/N479		CO/22/-							

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Medicare must be billed prior to the submission of this claim.	Medicare must be billed prior to the submission of this claim – Medi-Medi.	CO/22/N192	CO/16/N479		CO/22/N479							
OHC = F, must be billed prior to the submission of this claim					CO/16/N479							
Healthy families partial month eligibility restriction, Date of Service must be greater than or equal to date of Date of Eligibility.		CO/26/– and CO/200/-	CO/26/N30					CO/177				
Late claim denial.		CO/29/–	CO/29/N30		CO/29/-							
Aid code invalid for Medi-Cal specialty mental health billing.		CO/31/–	CO/31/–					CO/177				

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Beneficiary not eligible.	Beneficiary not eligible. - None of the Aid Codes assigned to CIN were eligible.	CO/177	CO/177									
Only SED services are valid for Healthy Families aid code.		CO/185	CO/96/N216					CO/177				
Therapeutic Behavioral Service valid only with a Full Scope Aid Code and an EPSDT Aid Code.	Therapeutic Behavioral Service (TBS) and Katie A valid only with a Full Scope Aid Code and an EPSDT Aid Code.	CO/204	CO/96/N216					CO/177				
Emergency Services Indicator must be “Y” or Pregnancy Indicator must be “Y” for this aid code.		CO/204/N30	CO/96/N216					CO/177				
Pregnancy Indicator must be “Y” for this aid code.		CO/204/N182	CO/96/N216					CO/177				

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Day Treatment Services must be billed at 3 hours minimum.		CO/A1/N182	CO/16/M53									
Rendering provider taxonomy code for this service line does not match taxonomy on record for this Service Facility location.		CO/A1/N198	CO/16/N521									
Rendering provider taxonomy for this service line is not permitted to bill as Fee-For-Service provider.		CO/A1/N198	CO/170/N95									
Only 24 hour services may bill using a date range. All other service lines must use a single date of service.		CO/A1/N300	CO/16/M59		CO/16/N301							

